



Thompson-Bishop-Sparks State Diagnostic Laboratory
890 Simms Rd. P.O. Box 2209 Auburn, AL 36831-2209
(334) 844-4987 Fax (334) 844-7224

Surgical Pathology/ Dermatopathology Submission Form

Accession #: _____			
Date: _____			
Case Coordinator: _____			
<input type="checkbox"/> Charge		<input type="checkbox"/> N/C	
Paid:	<input type="checkbox"/> CA	<input type="checkbox"/> CK	\$ _____
<input type="checkbox"/> USPS	<input type="checkbox"/> UPS	<input type="checkbox"/> FedEx	<input type="checkbox"/> Other
<input type="checkbox"/> Feedback Report			
Other: _____			

Veterinarian _____
Clinic _____
License # _____ Account # _____
Address _____
Phone _____
Fax _____
Email _____

Owner _____
Business _____
County _____
Address _____
Phone _____
Fax _____
Previous case # _____

Animal ID _____
☐ Canine ☐ Feline ☐ Equine ☐ Bovine ☐ Other
Breed _____
Age _____ ☐ Years ☐ Months ☐ Weeks ☐ Days
Sex ☐ Female ☐ Spayed ☐ Male ☐ Neutered

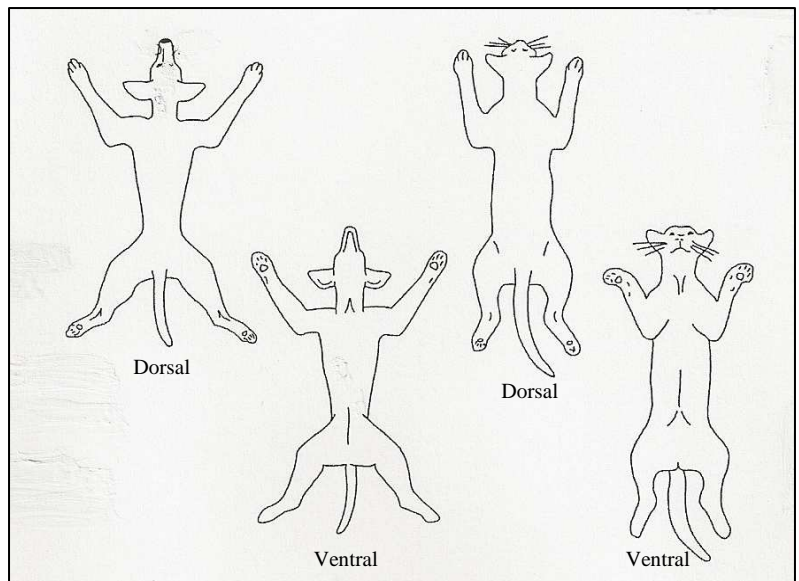
Sample
☐ Biopsy
☐ Aspirate
☐ Fluid
☐ Swab
☐ Other

Tests (Lab use)
☐ Histopathology
☐ Cytology
☐ Bacteriology
☐ Mycology
☐ Other:

Clinical history _____

Distribution _____ Duration _____ Pruritis _____
Treatment _____ Response _____
Diagnosis/ Differential _____

Lesion
☐ Mass
☐ Multiple masses
☐ Alopecia
☐ Hypotrichia
☐ Erythema
☐ Erosion
☐ Ulceration
☐ Hyperkeratosis
☐ Scales/ crust
☐ Papules
☐ Macules
☐ Pustules
☐ Vesicles
☐ Hyperpigmentation
☐ Depigmentation
☐ Other



Please indicate location of lesion and biopsy/ excision.

Signature _____

Date _____